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15992 U.S. PTO17513 U.S. PTO
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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	30645.5
	First Named Inventor	Alwyn John Everitt
	Original Patent Number	6,430,045
	Original Patent Issue Date (Month/Day/Year)	08/06/2002
	Express Mail Label No.	EV333442724US

APPLICATION FOR REISSUE OF: (Check applicable box)	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney Included in Declaration</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: Application Datasheet <input type="checkbox"/> Express Mail Certificate <input type="checkbox"/> Offer to Surrender Original Patent</p>

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	27683	OR	<input type="checkbox"/> Correspondence address below
Name	Haynes and Boone, LLP		
Address	901 Main Street, Suite 3100		
City	Dallas	State	Texas
Country	USA	Telephone	214-651-5533
		Zip Code	75202
		Fax	214-200-0853

Name (Print/Type)	David L. McCombs	Registration No. (Attorney/Agent)	32,271
Signature			
	Date	10 MARCH 2004	

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

031004

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
30645.5**Claims as Filed – Part 1**

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	(A) 17	(B) 17	**** 0 =	x \$ _____ =		or	x \$ 18 =	0
Independent claims (37 CFR 1.16(i))	(C) 1	(D) 1	* 0 =	x \$ _____ =			x \$ 86 =	0
				Basic Fee (37 CFR 1.16(h))	\$ _____			\$ 770.00
				Total Filing Fee	\$ _____		OR	\$ 770.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
					Total Additional Fee	\$ _____	OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

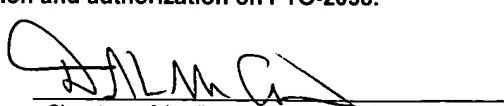
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account Number 08-1394.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 770.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**10 MARCH 2004

Date

32,271

Registration Number, if applicable


 Signature of Applicant, Attorney or Agent of Record
 David L. McCombs
 Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: § Customer No. 000027683
Everitt et al. §
§
Serial Number: Reissue of US Patent 6,430,045 § United States Patent: 6,430,045
§
Filed: Herewith § Issue Date: 08/06/2002
§
For: COOLING RESISTOR BANKS § Assignee: Siemens Aktiengesellschaft

EXPRESS MAIL CERTIFICATE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
MAIL STOP: REISSUE

Express Mail Number: EV333442724US
Date of Deposit: 3-10-04

I hereby certify that the following attached papers and fee:

1. Reissue Patent Application Transmittal;
2. Fee Transmittal Form (in duplicate);
3. Application Data Sheet;
4. Specification and Claims in double column format;
5. Drawings - 5 sheets;
6. Reissue Declaration and Power of Attorney by Assignee - 4 pages;
7. Written Consent of Assignee and 37 CFR 3.73(b) statement;
8. Check in the amount of \$770.00;
9. Offer to Surrender Original Patent Grant; and
10. Return Postcard.

are being deposited with United States Postal Service Express Mail Post Office to Addressee service under 37 CFR §1.10 on the date indicated above to Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name Gayle CONNER

Signature Gayle Connor
D1196836.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: § Customer No. 000027683
Everitt et al. §
§
Serial Number: Reissue of US Patent 6,430,045 § United States Patent: 6,430,045
§
Filed: Herewith § Issue Date: 08/06/2002
§
For: COOLING RESISTOR BANKS § Assignee: Siemens Aktiengesellschaft

REISSUE APPLICATION BY ASSIGNEE, OFFER TO SURRENDER
(37 CFR § 1.178)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
MAIL STOP: REISSUE

Dear Sir:

The undersigned makes this statement as part of the above-referenced reissue application for the reissue of letters patent number 6,430,045, granted on August 6, 2002, to Siemens Aktiengesellschaft of Munich, Germany, and declares that it is now the owner by assignment of the entire interest in said original patent and hereby offers to surrender said letters patent.

SIEMENS AKTIENGESELLSCHAFT

Date: 01/09/2004

i.v. Milzarek i.v. Mausolf
Signature

Milzarek Mausolf
Typed or printed name

Authorized Officer Authorized Officer
Official Title